2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N93000000831

TI FILED

Nov 18, 2008

Secretary of State

Entity Name: IGLESIA MISIONERA MUNDIAL, INC.

Current Principal Place of Business: New Principal Place of Business: 217 E AZTEC AVE CLEWISTON, FL 33440 US **Current Mailing Address: New Mailing Address:** PO BOX 1867 CLEWISTON, FL 33440 US FEI Number: 65-0397182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEE, H. G OLIVARDIA, JONATHAN 2014 4TH ST. 18220 MEDITERRANEAN BLVD SARASOTA, FL 34237 US FLORIDA, FL 33015 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: JONATHAN OLIVARDIA 11/18/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete OLIVARDIA, JONATHAN Name: Name: 18220 MEDITERRANEAN BLVD Address: Address: City-St-Zip: MIAMI LAKES, FL 33015 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: PERERA, MIGUEL A Name: Address: 413 W CRESCENT DR Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: () Change () Addition MARTINEZ, ADIEL Name: Name: 18101 NE 14TH AVE Address: Address: City-St-Zip: MIAMI, FL 33162 City-St-Zip: Title: () Delete Title: () Change () Addition PEREZ, LAZARO R Name: Name: Address: 19182 NW 12 CT Address: City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: Title: () Delete Title: () Change () Addition CERDA, BALTAZAR Name: Name: TWIN LAKE TRAIL PARK LOT 72 Address: Address: City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: Title: () Delete Title: () Change (X) Addition POSADAS, ORLANDO Name: Name: Address: Address: 328 W SUGARLAND CIR CLEWISTON, FL 33440 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN OLIVARDIA PD 11/18/2008